

Data Exchange Focus Group Webinar

May 12, 2011

1:00 pm CT

Coordinator: Welcome and thank you for standing by. All lines are in an open and interactive mode. Please utilize your mute button when not speaking or you may press star 6 to mute or unmute your line.

I will now turn the call over to Caroline Westnedge. You may begin.

Caroline Westnedge: [**Title Slide**] Hi everyone. Thank you for joining us this afternoon for our Inventory Management and Data Exchange Focus Group Meeting.

[**Slide 2**] Today we are going to be discussing data fields, message format, the reporting scope and frequency and then we will follow up the discussion with the next steps in our meeting schedule going forward.

[**Slide 3**] The call is open to everyone. Here are some quick tips for viewing the webinar. If you need to increase the screen you click on this little square at the bottom to expand the screen, and you can also zoom in and out with the plus and minus buttons on the side.

Now I am going to turn it over to Betty Baker, our Business Analyst to start our discussion.

Betty Baker: [**Slide 4**] Good day everyone. I am a contractor with Northrop Grumman working on the inventory data exchange. We have solidified the pieces that are to be included in the data exchange of inventory information.

We are going to look at a spreadsheet populated with some example data to further everyone's understanding of the data. The three types of data we will be looking at are the information to uniquely identify the location where the inventory is, the information to uniquely identify the products being counted and the information that represents the actual quantity of information of quantity of the products on hand.

[Inventory Record Spreadsheet] Let's go on to the spreadsheet and we will look at what we have. The first four columns of the spreadsheet are the location information. The first column -- State, Regional, Local -- represents the jurisdictional level of the facility reporting the inventory.

The next column, Facility Type, is not really applicable for state and regional locations. It is applicable for local level locations. For those local level locations, there will be a standard list of facility types that CDC will recognize. They will be provided. They probably are what you are using at this time.

The facility name is the name of the actual facility that is reporting where that inventory is located. The local address city name is the city where the facility is located, perhaps the city and the mailing address, if there is a mailing address for the facility.

The next several fields have to do with the products. Before I move on to products is there any discussion on these first four?

Let's go to the next column, which is Product Description. There are three possible ways that names that might be used to identify a product that we have

determined. The first one, Product Description, would probably correspond to the long description you would find in the data file sent with a Push Package.

The other two are the generic name and the brand name. CDC is interested in the generic name for pharmaceuticals. We will be able to receive whichever one or two or three of these you send us and determine from them via some lookups we have on our side, the generic name so that CDC can find out how much ofloxacin regardless of brand name are located at a facility.

Are there any comments about those three fields? We realize that not everyone at this point can provide those three fields. That is why we are saying we are going to look at all three of them and determine which one matches information we have and determine from that the generic name for the item.

Any comments about the columns we are already addressed?

Jason Shattuck: This Jason Shattuck from UPP. You mentioned the file the companies have pushed back. Would the plan be to change it to also include the generic name value to harmonize it with this process?

Betty Baker: Ben you want to take that?

Ben Erickson: Yes we are not planning on changing that. What we are doing is we are just giving the ability for existing products to either have the ability to enter in a generic name even to a system that categorizes it by generic name or if they put in by brand name you just basically map it to whatever one is appropriate that is being used by the existing system.

We are just giving it basically the ability to choose one or the other -- both if they have it.

Jason Shattuck: Okay, thank you.

Ben Erickson: Yes.

Betty Baker: Okay, are we ready to proceed? The next several columns have to do with other information identifying the product more exactly than just the generic name. The manufacturer is the next column we see. That is the name of the manufacturer of the drug or pharmaceutical or personal protective equipment or whatever type of product it is.

For certain types of information it is fairly necessary to figure out what you are talking about. We at this time have not determined whether there will be validation.

The next column is the Catalog or Stock Number. This would be a number used by your inventory system to identify this product.

The next one is the Model Number. This is the column that pharmaceuticals would not have but personal protective equipment and medical/surgical equipment might have these model numbers, and they do make a difference in the system.

If you look at the data, I have examples of Cipro where catalogue, stock number, model number, UPC code are all blank. If you go down to the respirator I just have a product description for respirator. I had a generic name of N95 respirator. I made up a manufacturer and I made up a model number,

but I do not have a brand name on it so what I am indicating here is these columns are not all required.

The next field after Model Number is UPC code. In our previous call some of you expressed interest in including the UPC code. It is also a good identifier for our products. We are providing a place to supply that information here.

The next column is Size. Not everything has a size, of course. Size information is very important in the case of personal protective equipment or PPE.

The next column has to do with pharmaceuticals, so before I go on to them the next three columns of Dosage, Formulation, Administration Method and Strength, do you have any comments about manufacturer, catalogue, model number, UPC Code, size?

The next three fields are metered to absolutely identify the uniqueness of a product under certain circumstances and those are the dosage formulations, which could be tablets, liquid, various other kind of capsule, which is how the product represents itself. The administration method is how it is given to the patient. These columns of course would not be valid for PPE or MS patients.

The third one in this group is Strength. This is also something only pharmaceuticals would have in order to channel whether we have got 500 milligrams Cipro or 1000 milligrams Cipro; that information is needed.

Are there any comments about those three columns?

The next column is National Drug Code. This is another piece of information that can uniquely be used to identify a product. It is not absolutely reliable.

That is why we want the other backup information like a generic name and brand name and some of these other things but it is pretty reliable.

That is why we are including it and we know some of our assistants captured that. Of course, there will not be an NDC for anything that is not a pharmaceutical.

Lot Number is an important piece of information for pharmaceuticals. It is of value in case there might be a problem with a particular lot of a pharmaceutical and having that information would be essential in order for our project area. We want people to be able to know which drugs might need to be pulled from the shelf due to a lot problem.

Expiration date is also important for the same type of reason.

Those pieces of information need to be in systems that handle inventory of pharmaceuticals. Any comments about those columns?

AJ Lorenzen: Hi, this is AJ from Alaska. Regarding your comment that national drug codes aren't reliable - I have been in the business for 20 years and they are the standard of the industry. They are the one thing that is reliable. I would be interested in having you all provide us with an example of when a national drug code is not reliable. With a national drug code you can get the manufacturer.

The first grouping is the manufacturer. The second grouping is the drug which includes the strength and the third grouping is the bottle size. We use this every day to communicate with the insurance companies. In fact, they will not use any other information except national drug codes.

Personally, I would like to see a little more weight given to national drug codes and a little less weight given too much of the others because most of that information can be derived from the national drug code.

Ben Erickson: AJ, this is Ben. The last time we were on a call there was someone from New York who touched on the same issue and I guess there are some NDC code issues with Amoxicillin. I think it was Amoxicillin that either we have in our stockpile versus the ones that are available outside, commercially.

I do not know the specifics on it. I believe the other issue that came across in, at least in my research, is that there are different formats of numbering schemes that are used in the NDC. My understanding is that there are three different...

AJ Lorenzen: Ben, you are not correct there. NDC codes are absolutely specific. I think where the confusion is coming is there are different sizes and there are different manufacturers but they would have different NDC codes. Again, I challenge you. I have not seen it in a decade where an NDC code isn't identifiable.

I deal with pharmaceutical manufacturers every day. They use NDC codes. Everything is searchable by NDC codes. My pick teams all use NDC does. I think that you all are discounting that, whereas it is the gold standard in the industry.

The whole code is set up on the same basis as a UPC code so that everybody can talk about the correct thing. Our whole system is based on NDC codes. In fact, the whole pharmaceutical manufacturing system is based on NDC codes. We do not need to have the brand name. We do not need to have the generic

name. We do not need to have the manufacturer because all of that is within the National Drug Code.

I just think you all are missing an opportunity to use the National Drug Code for identification purposes. Certainly I think the issue with Amoxicillin is that there are probably 300 NDC codes for Amoxicillin because there are so many different manufacturers, and within manufacturers there are so many different pack sizes. But the National Drug Code will identify each and every one of those.

So I think you all are discounting this and I do not think you should be. I think it is much more reliable and a much easier format for everyone to understand because those in the industry are already using it.

Ben Erickson: What are your thoughts on how we are discounting it? There is a column for you to be able to provide those numbers.

AJ Lorenzen: What I am hearing from you all when you say that NDC codes aren't reliable, that is how you're discounting it. I think that somehow you have the idea that National Drug Codes aren't reliable and I think that is incorrect. They are absolutely reliable. They are the standard of the industry of how everybody communicates. Online computers, when you transmit a drug file to anyone, do not care about the descriptor. They do not care about the manager code. They only care about the NDC codes.

It is the gold standard for computer and information transfer because it gives you everything you need. And the rest of these fields – it is certainly nice if you want to input it but if we are trying to do data transfer, that is the gold standard. It is with drug manufacturers; it is with drug wholesalers; it is with drug companies; it is with electronic medical records; it is within all of the

inventory control systems that I have ever seen set up for pharmaceutical systems.

Now I can not speak to other systems but I can tell you that National Drug Codes are absolutely reliable. They are the basis of payment in the whole industry. It is your system. You all can identify it. But our pickers use it to identify it, our drug wholesaler pulls it from our drug manufacturers, when you do Google searches you can just put an NDC code and it comes right up.

I guess that is how I am thinking you all are missing an opportunity here to use the National Drug Code as a core and not just a descriptor field. It is nice to have for a duplicate because in the industry it is not that. You can discuss the whole point is for it to be one number, one drug, one manufacturer, one medication and one pack size.

I just think there is a missed opportunity here is instead of all of these data fields you can derive the brand name, the generic name, the manufacturer, the bottle size, the number of tablets per bottle -- all of that is encoded within the drug code.

I think you are missing an opportunity and that is all. It is your system; you all can do what you want. I have had no experience with the National Drug Code not being reliable.

Ward Ballard: This is Ward from Idaho. May I have a moment to address this? Okay, we are an emergency warehouse management. We're not a pharmaceutical management system. We are learning this from scratch from things that CDC supplied. The discussion about Amoxicillin and a small number of NDCs being unreliable is based on an old statement that CDC made about the NDC

in the pipe file that describes the emergency warehouse shipments being a unique identifier.

What ran into a problem for a warehouse management system, not a drug management system, is that associated with different pack sizes which you did mention. But most of us are not set up to administer bottles. We are set up to push around cases and we needed to know the case sizes because Amoxicillin comes in 40 bottles per case, 80 bottles per case and 480 bottles per case. That is where we ran into our problems because the information CDC provides to us at the state with a pipe file was only the NDC and that crashed every system that tried to use the NDC alone as a unique product identifier in a warehouse management system, for those of us who do not do pharmaceuticals but are doing case emergency warehouse shipping.

Thank you.

AJ Lorenzen: Can I respond?

Betty Baker: Sure.

AJ Lorenzen: My response to that is what you are talking about is a pack size. If your system crashed it is because of the pack size. Incidentally, I do not use a pharmaceutical management system here, I use a warehouse inventory system and I have not experienced that at all.

My wholesalers' deal with medical equipment as well as case packs, as well as the full gamut. When you look at ordering, what you are talking about is pack size. It is a separate field. It is not meant to be incorporated into the National Drug Code.

If you are using a different number then you shouldn't be labeling it a National Drug Code because that is incorrect.

Betty Baker: I believe our intention is to use, if we are given the National Drug Code by the vendors, just as if we were using the generic name or product or the brand name or the product description to make sure we have the right thing.

AJ Lorenzen: I was just going to say we do not really need to go any further on this. I think you all do not really have a full understanding of what the National Drug Code is and how it is absolutely standardized and how it relates to case packs. I think that is an area that you might want to garner some more information on because I think you are missing an opportunity because we also just ship in case packs.

I deal with wholesalers every single day that use medical equipment and the pharmaceuticals. They are commonly dispensed together. The case pack fields are separate.

I do not mean to belabor this point but I thought this was an exploratory meeting and I really do not think you all are understanding the NDC Code and what it is supposed to be and how it is used.

Ben Erickson: AJ I totally understand what you are saying. I think the language we are trying to say is that we are basically filling out as much information as possible. Because in the pipe file that we send from the SNS, it is parsed out to a certain point, but the key information that we need is in, what we call, the long description of a particular product, which includes how many tabs there are per bottle.

I touched on this before. Because there are different quantities per bottle depending on what the event is and what you are treating. We need to be able to go down to the lower common denominator, especially down to the local areas for them to be able to report because typically they have the capability to do case counts and I know state-level warehouses purely do case counts. We do not recommend breaking cases to do shipments like that.

We are trying to find that medium line to be able to get down to the very minimum and, like you said, having a separate column for the actual breakdown packaging is definitely a necessity. I think what we are trying to do is, we are using the NDC Code, but we are also asking that if you have the ability to parse out the information like product name, the size (if it is for something like PPE) and then the strength. A lot of systems have that capability of already having all these things individually, basically siloed, and it is just a matter of pointing one to the other to map it, to produce it to send on.

It does not necessarily mean that we are going away and not using it purely because of that. We are just saying we are having additional fields to help collect as much information as we can, but using that NDC Code where applicable.

Betty Baker: I am sorry I started this mess. I misspoke anyway. We shouldn't have said we didn't find it reliable. That was my fault.

Ben Erickson: Is there anybody else on the line that can share the same things with the NDC Code being the main identifier or the only identifier, or does anybody else out there have any thoughts?

MacArthur Louis: This is MacArthur Louis from New York State Department of Health. I would have preferred that we start using the National Drug Code as a unique identifier for the products because it would make data exchange a lot easier than having a system bounce back saying the generic name we have didn't match your text that you have on your side for whatever reason.

We also have some data that we have started to track over here. I would hate for data sent to get failed because of the text nomenclature not matching. If we are sending data to you we provide you the NDC Code, and you already have the strength since we are sharing the same data that we wouldn't have to keep retransferring the same data over and over again.

The throughput after a while – we are using a lot of bandwidth for unnecessary exchange of data. That is my concern right now.

Ben Erickson: Okay.

Laina Stanford: This is Laina from Tennessee and I agree with New York and with Alaska. We would use the NDC Code.

Ben Erickson: Just to make it clear, when we came up with these categories this was not something that we just did in a silo. We reference back to our science people who do the basic formulary for the SNS. We are trying to keep the reporting capabilities as accurate as possible within our formulary, and that is why we are trying to use that as a basis for reporting because, during the H1N1 it was the Tamiflu, Relenza and a couple of the PPE items.

We are using the NDC Code and that is just a given. You all are basically saying you do not necessarily want to be able to have all these done in separate columns if all that can be referenced from that NDC Code.

Man: Right.

Man: Okay.

Ben Erickson: That is why we are having this phone call – so I can hear what your thoughts are. Obviously we want to make it as easy as possible so the last thing you want to do is get a email from us saying, “Give us your data,” when it can be done automatically.

Betty Baker: Is there anybody out there who has issues with NDC Codes?

Jason Shattuck: This is Jason Shattuck from UPP again. You know, the Amoxicillin Push Pack is a real thing. The same NDC number describes three different quantities. At least in that example it cannot be the unique identifier. It just absolutely cannot be or you do not know how much you have.

I think it is a very valuable piece of information, but we have experience with many pharmaceutical warehouses that do not use that as their primary identifier for many different reasons, one of which would be substitutions and another just to simplify data entry when barcoding isn’t available.

I guess it doesn’t matter so much from a systems standpoint other than if you are going to say it is a unique identifier, then that can be an issue because of the package sizes.

Betty Baker: All right. So it is an identifier but it is not unique in certain circumstances.

Jason Shattuck: Yes. It is very valuable as it has been described. You can drill back and find out all that information. But at least in that one example, it is very visible to

everybody because it is in the Push Pack file; the very same ID represents three different package sizes.

Betty Baker: Is there anybody out there who cannot supply NDC Codes?

AJ Lorenzen: I would like to respond to that gentleman. What I found is the listing on the CDC has been modified. The last two digits do not match the manufacturer's bottles, all right, and that is the pack size.

I guess I am going to dispute the statement that it is not a unique identifier per pack size because that is one of the definitions. I would like to see an example of that. I have seen the CDC take the last two digits of the NDC Code, because those digits indicate the pack size, and modify it.

When we just were at Atlanta from CDC training, one of the things that they had done is they had just standardized the last two digits, and that was not what was in the Push Pack. The Push Pack containers were absolutely unique but the CDC's listing was not.

In my mind and until I actually see it, the NDC Code is set up again. The format is standard. The manufacturer is the first grouping. The second grouping is drug-specific and the third grouping is package-specific.

I just do not think that is the case. That may be a discrepancy on the listing but I believe it is an absolute identifier.

Ben Erickson: Hey AJ, let's do this, for the sake of time, and we could probably talk all day about this, let's you and I talk with John Duffy or one of the consultants in Atlanta and get on the phone and talk about this because I definitely want your

input and obviously it is something that needs to be used and we are, but I would like to run some things by you, too for your input.

AJ Lorenzen: Sure, sure. We can do this some other time.

Ben Erickson: Okay, outstanding. Thank you.

Betty Baker: Thank you very much for that great discussion. We have learned something here. The last question part of that was, is there anyone who cannot provide the NDC Code from their system?

Ward Ballard: As it stands now for those products that get multiple packagings, we cannot provide the NDC Code directly from our inventory system. This is Ward Ballard.

Betty Baker: Okay, that is what I needed.

Ward Ballard: What we do is we modify the NDC Codes to manage the different packagings so that at our warehouse level they are unique product identifiers and we would have to strip those off to get that back to you and our system doesn't have any flexibility for that kind of reporting.

Betty Baker: Okay, all right. That is what I needed.

Ward Ballard: I do not think I have UPC code on mine yet, so I would need to add UPC code.

Ben Erickson: When it comes to the UPC, if you can not/do not provide it that is fine. We may have to tweak some things to combine some after these conversations. A

lot of the UPC, not everybody has that capability and frankly a lot of it, especially in our Push Package file; I do not see a UPC of a particular product.

Some things are optional if it is applicable for the capability for you to be able to provide that.

Ward Ballard: Okay. Out of this list that we are looking at here, which ones are required?

Betty Baker: At this point we cannot tell you exactly.

Ward Ballard: Okay.

Betty Baker: We know the information we need is we should be able to identify the products down to a generic name level in order for the CDC to know how much is there and a strength. Those two are like the bare minimum for us to figure stuff out.

But the strength might be embedded in the product description or it might be part of the NDC Code that tells us that information.

Ward Ballard: Right.

Betty Baker: So at this point I can not tell you you have to give me this, this and this.

Ward Ballard: Okay.

Ben Erickson: I think what we need to do is, once we have these conversations and then when I have a chance to talk with AJ and get everybody's comments from this meeting, I think we need it to go through. I know we all can say that the name of the product obviously is necessary. We need to be able to know that, except

we also need to know the NDC Code, the lot number, expiration date, for those products that have it, and then be able to drill down for the back show of tabs. To be able to find out specifically down to the tab, whether it is a simple multiplication to equal how many tabs total versus just plain bottles and knowing that variable of how many pills per bottle.

Ward Ballard: Thanks.

Betty Baker: Well we have two more columns to go – Lowest Unit of Measure and Quantity on Hand. I see intention is that that Lowest Unit of Measure corresponds to something like a pill. It should not be bottles. That is what we are trying to get to. And that Quantity on Hand ought to be how many pills do you have?

There will be a standard list of units of measure that we want to use as the lowest units of measure so that everyone knows that that is what we are trying to get to. We want to know how many pills. We want to know how many gloves. We want to know how many respirators in a particular size.

That is what the last two columns are to represent.

Laina Stanford: Hey Betty this is Laina from Tennessee. Can you tell me why you want individual tablets versus bottles?

Betty Baker: Ben?

Ben Erickson: I was wondering if my name was going to get brought up. This actually was a discussion that Stephanie and I had. We are going to have to again look at this with the NDC numbers. Typically we have those 20 pills per bottle or 20 tabs per bottle for Cipro – stuff like that. Because they are different packaging

units per bottle, depending on what's being treated, what we need to be able to somehow either identify what down to the pill level is the lowest common denominator.

Laina Stanford: Is anybody in a POD or wherever this is ending up going to be handing out individual tablets or are they only going to be handing out bottles?

Ben Erickson: I am assuming they are going to be handing out bottles but the big picture of this is that this needs to be able to run down and be utilized in the local level for the dispensing piece and also down to the regional and obviously the state parts – that is our state warehouse level.

Because the dispensing level deals with open boxes for inventory numbers but the state handles mostly cases and boxes and the larger quantities, we try to get down to the lowest number. Her rationale is because some of them may necessarily have a different quantity per bottle. Again, the focus is to be able to put everything in a separate column to make it easier to map versus doing a product description like we do in our Push Package that has tabs per bottle, that number 20 marker whatever the unit is.

Laina Stanford: I understand your point but I am leaning toward the lowest unit of measure is probably really going to be bottles.

Ben Erickson: Initially that is what I was trying to defend when we started moving forward. Typically you do not go inside a bottle because you will be giving out the bottle.

Laina Stanford: Right.

Ben Erickson: I am going to go back and push again and see if that is acceptable. I am getting marching orders, too so I am trying to ride that fine line so my arms do not get pulled off.

Laina Stanford: Absolutely. Is this going to be a whole lot of math on our part to try and figure out?

Ben Erickson: You are exactly right and the last thing we want to do is make anything manually done to prevent what we did with the H1N1. When it comes down to N95 respirators that caused me all sorts of grief because many projects there just gave me cases and because we didn't know what manufacturer or anything it was, we had no way of knowing the quantity per case.

The numbers were actually significantly different, in the tens of thousands difference because of the packaging differences between manufacturers.

Betty Baker: One of the things I was looking at prior to getting down to one number here was to allow the vendors to tell us this is how many of stuff that I have got and this is whether it is each or a case of something. If it is a case of something, if there are internal containers within the case, how many of those are there and what is inside them?

For instance, if you have a case of 50 bottles and you have 75 cases you'd say, "My quantity on hand is 75, and this is a case issue, and inside that case I have some containers that hold 100 pills each and I have 2000 of those in the box." Is that doable?

Ben Erickson: I think that is what she was saying, to get down to that lowest level they'd have to physically do the math and that is a time-consuming thing when we are talking about a group of products.

We need to again relook at that NDC Code to see if we can find out the packaging, the actual tabs per bottle packaging combinations, that we can poll off of and use as a basis to eliminate them to get down that pill number or tab number. I am going to have to go back and have another conversation with leadership to see if that is an accessible item.

For H1N1, the Tamiflu, we didn't ask for individual pills, we just asked for a regimen. That was fine. Apparently it worked because they enjoyed the reports that I was spending all day and all night preparing. I am going to try to challenge again and say the lowest number is what actually is going to be given to a patient or dispensed to, which is a bottle or a mask or whatever.

I totally agree with you and I wanted to hear too what your thoughts were on that. Was there a reason? I remember the last meeting we had, there was somebody from New York or New York City when we entertained the idea of doing actually down to the pill. I believe she agreed with me and gave the explanation of why I always used because of the packaging per bottle is different depending on what products that you all purchase on your own isn't necessarily the same that we have in our formulary, and chances are it will not.

Stuff that gets repacked, you receive it from bulk and all this other combinations. We have to be able to accept any of that, not just base it around what can, you know, how many pills there are per container off of our formulary.

Jason Shattuck: This is Jason Shattuck again. I do not want to just drive the bus off the road but it dawned on me as we were talking about the number of pills in the

bottles and package sizes and back to the NDC Amoxicillin argument, or not argument, necessarily, but the difference there with that NDC number.

Man: Yes.

Jason Shattuck: Does that represent 30 pills per bottle? Where the problem is, is the number of bottles in a case. The NDC is unique for the packaging of 30 pills per bottle, but when that file comes in that NDC number represents a case with 40 bottles and a case with 80 bottles and a case with 480 bottles.

I think it is really the fact that both things are true. It is unique but we are talking about a different package size and it wouldn't be an issue if we were using the lowest unit of measure in that or if we were using bottles for the unit of measure. But it happens to be case and that is where the uniqueness issue is.

Man: On that, hopefully that is not more confusing but I think everybody was right.

Ben Erickson: I am really glad that you had a chance to be on this call because you all have a system down and obviously proven to work. Out of all of my research that I have done talking with CVSs and stuff and Rite Aid, everything is fine when reporting if everybody uses a single system. Once you start mixing them together everything goes out the window and it is trying to meet the needs of every single one of them to be able to collect that information.

If everybody had the same unique identifier number, if it is a brand-new number system and there is a unique number that is a standard, regardless of what system you have, that'd be perfect. Of course that is not the case and probably will not be until we could only wish.

Jason Shattuck: Yes. That is what keeps everybody in business.

Ben Erickson: I totally understand.

Betty Baker: I would like to leave this spreadsheet and take up a couple more slides to impart some more information to everybody, if that is okay.

Gary Yantzer: This is Gary Yantzer from North Dakota and I have a question on the spreadsheet as far as where did all the data fields come from?

Betty Baker: You mean the values or the column headers?

Gary Yantzer: The column headers.

Ben Erickson: That is actually what as developed from the lessons learned with the H1N1 of that medical countermeasure situation report that we created. It also came from looking at what we give to the states in the Push Package file, that pipe file. There is a lot of behind-the-scenes that I am trying to work on, too. The system that us, the stockpile, uses to produce that pipe file, I am trying to get behind the scenes on that and try to find out the capabilities of developing that pipe file. I know that the certain columns have been identified and already have been published saying this is what will be given out along with a standard Push Package.

There are a couple of concerns I have, not necessarily problems but concerns. One being the, I believe it was Model/NDC; there is a column in there that was combining two different fields, and that obviously concerns me a little bit. The other one is all the information to be able to identify how many pills there are per bottle was all in the product description which typically is difficult to receive that and parse out. If you happen to parse things out and are able to

capture different elements within that long cell or that long pipe file to be able to capture that information.

Gary Yantzer: According to the Version 10.02 in Appendix M of the DSNS inventory data file structure there is only 12 categories in there and that is what comes in the flat file. Where are all the other additional categories going to come from? Are you going to be asking us to input that information?

Ben Erickson: No. A lot of the stuff that was in there is if it is available. That we are probably going to have to go do a little bit of pushing back on my end and more discussions I would like to have with AJ in Alaska to talk about the NDC to see what can be autopopulated to eliminate some of those columns.

That one long, they call it the long description of a product; we basically are taking that and exploding that into separate columns. That is where the additional columns are coming from, where the additional headers are coming from.

Gary Yantzer: As an example under Manufacturer, of course after listening to everybody talk about the SNS, or the NDC number, where you can get the manufacturer's code off of. I was having a difficult time trying to figure where to get that manufacturer name from. That is not on the flat file. It is not in the item description or any of that information.

For somebody who doesn't work with NDC codes, there is going to have to be some sort of description, as well, when this information is sent out.

One other question that I have is this is going to be coming from the flat file? As an example, if you are sending that to my state you'd know exactly what I have, so are you going to populate the data into those fields initially and let

me manipulate it accordingly so that I can give you an accurate count as to where those things are? Otherwise it seems like it is a lot of work on my behalf out here when it will be generated from CDC initially.

Ben Erickson: To answer the questions – what we are going to do is set up a template which will be different based off of our conversations today. I think what we are going to do is rearrange things. Basically the whole point of this is just to be able to show you to see what capabilities you all have since you all have the existing system on being able to provide.

I have heard everything from, “We can provide whatever you are asking” to “We only have what basics is given from that Push Package template,” which is fine. I know several systems that are built around that Push Package file and the columns and the formatting for separation.

It is basically trying to meet both sides and then also the sides for us to be able to capture and collect that stuff to aggregately represent it. I do understand that there may be stuff that will be difficult, like you said manufacturer, but if we try to fill in the blanks more by using that NDC Code or auto fill, we basically have that problem solved. Whether it is one thing or another it not necessarily means that that is an absolute item that you have to have, especially if you do not have it already in your existing system.

It was more of just starting somewhere, putting stuff out there and then working to find out what can we use to combine. What can we use more to fill in other blanks and what things are just an absolute not going to happen type event?

We do not want to make work; we are trying to work with what’s there.

Gary Yantzer: Well, again I understand what you are going through but from my standpoint, if you are providing me with a flat file with only 12 fields then I anticipate that I am only going to give you 12 fields of information back and possibility that the unit of use if it is a bottle which is how the PODs issue that product. They do not issue a donor to each and I agree with the individual that brought that up because that would be absolutely crazy for us to work with.

That is my comment and you can take them for what they are worth.

Ben Erickson: Thank you for the comments. I didn't think we told you all we will be sending out abacuses so you can do the math and stuff like that -- just kidding.

Ben Erickson: I think what we will do is we are going to look at this basic template of just exactly what you said so that what you see is what you are going to need to be able to fill in, whether it is getting rid of some stuff that just is not going to happen or stuff we can use to reference others.

That is why I am focusing in on the Push Package file because it is stuff within our formulary that can be given in that type of format. I think we will be able to make good assessment of being able to pull products.

I didn't want to get into how that stuff is going to be provided because we are literally out in the stream and Betty's going to talk about how that stuff is going to be populated. We will go into more detail when we get this basic template set up in a way to where it can meet everybody's needs as well as ours to be able to get the right information to our leadership.

Betty Baker: **[Slide 6]** This has been an excellent discussion. I only have two more slides and hopefully they will not take up a whole lot of time. This is a little bit technical but we felt like we should announce it to you. We have decided that

there are two message formats we will be handling. Those are the delimiter separated value text files.

That is a flat file with each one of the fields of information separated by a vertical bar or a pipe. The reason we chose pipe is when that comes into a system, the system has to break that up into fields based on what the delimiter is. A lot of other possible delimiter characters could actually be data.

A space might be included in a name and we wouldn't want to use space as a delimiter because we'd end up breaking that name in half and the whole rest of the file would be messed up.

Another commonly used delimiter in some situations is a comma but a name could have a comma in it, an amount of money or a number might be keyed with a comma in it. One of the most common delimiters used is the pipe because it is usually not part of any normal English usage. It is more a computer-y thing.

The other kind of messaging format we are going to provide is XML or Extensible Markup Language. This has become very popular and very common out there and each one has advantages. In the case of the delimiter separated value text file, when a record is sent if there is a field with no information in it there still has to be a pipe related to it.

If there are six fields in a row that have no information there are six pipes in a row with nothing in between them. You need to stamp the entire record and the number of fields represented has to match the exact definition of the records as it is being expected in the exact sequence.

An advantage that XML has is when you are creating an XML record you include the name of the data elements and then the value of the data elements. You do not have to send one that you do not need to send and you do not have to send them in a particular sequence within a record.

The disadvantage is that not only are you sending the data for every record but you are also sending the name of the data for every record. But each one of those has its definite uses. We will provide for both of those because we know that some systems prefer one and some systems prefer another.

[**Slide 7**] I have one more slide that I would like to hit because I think it is information that you all are very interested in, and that is the reporting scope and frequency. We have been having discussions about this and have determined that the CDC does not need to receive a complete inventory of your entire system every time you make a send to us.

The CDC is interested in a particular set of products at any one time so if there is an event such as H1N1 there would be a list of products that are the ones we care about, the ones that need to be reported on. One of the things that you will receive from us before you are asked to send to us inventory information are what products do we care about at this time.

The second issue is frequency and that is possibly event-specific. As in the case of H1N1, the frequency with which the requests for accounts occurred was different. At some point in an emergency or an event of some sort, it might be necessary to have weekly reports. At some other point in that same event, monthly reports might be okay.

Besides that there will be times between events. One of the reasons for the times between events is to ensure that this whole system works properly so

that when an even occurs we do not have to all scramble to figure out why it is not working.

There will be a request for data every standardized time period. At this time we are not sure what we are going to say. We might start out weekly and shift to monthly or vice versa but every time you are asked to send data it will be for a specific set of products and at a specific frequency. Your systems need to be able to have a place that records the products so you can check against that list of products and say, "Okay, this is what I have to send." They have to have a way for your system to automatically do it when the time comes, as frequently as required.

Any questions about that?

Okay, that is all I have. We are ready to close this out. Thank you.

Caroline Westnedge: **[Slide 8]** It is past the hour so I will quickly move through just some final information. We are going to take all of the great input and suggestions and analyze them and finalize a format for data exchange and then publish the data exchange specification document for everyone.

[Slide 9] Our next meeting will be held on May 26 at 2:00 pm Eastern Time, so please look out for information about the call-in number and Webinar before that meeting in two weeks.

[Slide 10] And finally, here is our contact information. If anyone is still on the line, we will take any final questions or comments before we close today.

Gary Yantzer: Yes, this is Gary Yantzer from North Dakota. Is this being recorded so that if we have another meeting or another requirement during the next meeting or the next number of meetings that we can pick it up and find out what went on?

Leslie Lee: Hi Gary, this is Leslie on the CTS Team. We actually do post our transcripts, recording and the slide presentation from all of our data exchange focus groups on the CDC PHIN Web site. The link to that page is www.cdc.gov/phinf/cra and then you will have to go the library page for that but it should be listed there.

Ben Erickson: I will send you an email with the link directly.

Gary Yantzer: Appreciate that. Thank you.

Man: No problem.

Caroline Westnedge: **[Slide 11]** Anyone else? Well thank you all very much for joining us today. If you do have any questions before we meet again you can send them to crahelp@cdc.gov and we look forward to talking with you in two weeks.

Thank you.

Coordinator: Thank you for participating in today's conference. You may disconnect at this time.

END